



Understanding the Montana POLST Program

Montana Board of Medical Examiners

Credits: Thank you to the Washington State POLST project and Idaho for sharing their educational materials.



Montana POLST Program: Provider Orientation

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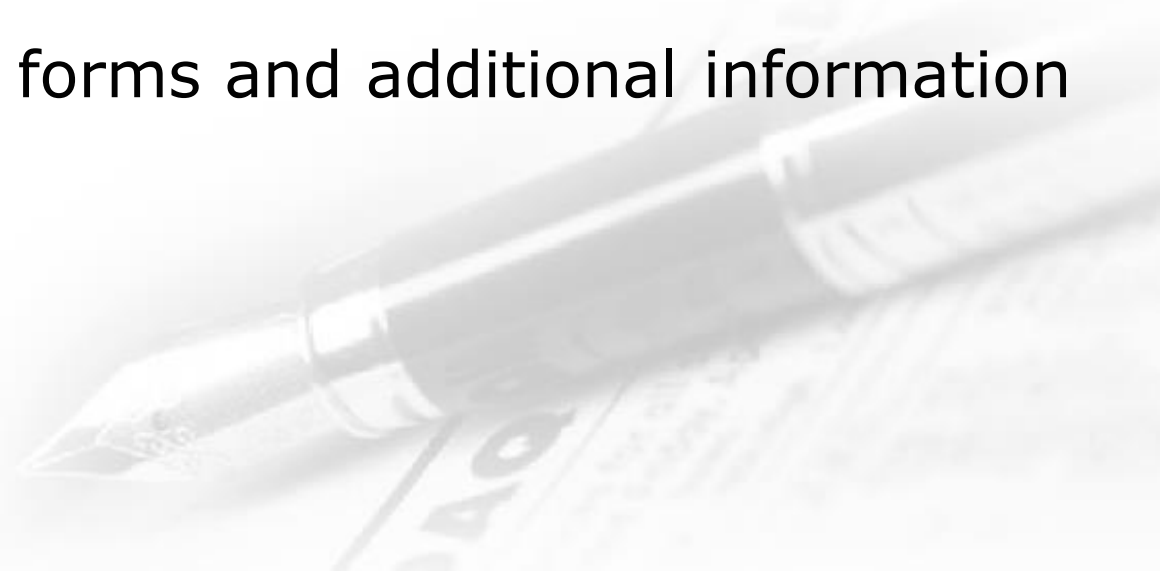
Program Objectives:

Purpose and function of the POLST program

Considerations for issuing POLST documentation

Identify the differences between Comfort One and POLST

Know where to obtain forms and additional information



Review of Medical Terms

ADVANCE DIRECTIVES: Are instructions (*communication*) **from patients to their providers**, which identify an individual's future medical treatment decisions, in the event that they are incapable of such decisions

COMFORT MEASURES: Medical care undertaken with the primary goal of keeping a person **comfortable** rather than prolonging life. On the POLST form, a person who requests “comfort measures only” would be transported to a facility only if it is required to provide comfort measures.

DURABLE POWER OF ATTORNEY: A document signed by a person which appoints someone else to make health care decisions for them in the event that the person loses the ability to make their own decisions.

LIVING WILL: Common term for a **HEALTH CARE DIRECTIVE**. This is a document that tells your health care provider if you experience a health condition defined in the document, you want the specific identified care.

Review of Medical Terms

POLST: Providers Orders for Life-Sustaining Treatment. A **medical order** from a provider that turns an individual's wishes for life-sustaining treatment into action.

REVOCATION: A procedure by which the patient cancels or revokes the POLST document to a medical provider. The POLST form may be revoked by verbal communication by the patient or individual with durable power of attorney, by destroying the form itself or by not presenting it to the health care providers.

COMFORT ONE: The previous Montana system in place to allow EMT providers to follow the wishes of the patient when dealing with end-of-life issues. Comfort One documents are to be honored as they were in the past if presented to EMT personnel.



comfort ONE
PATIENT INFORMATION

PATIENT NAME: _____ DOB: _____
ADDRESS: _____ GENDER: M F

CERTIFICATION OF COMFORT ONE STATUS

This form constitutes reliable documentation that the above identified patient is certified as a COMFORT ONE patient by either:

☐ **LIVING WILL and QUALIFYING CONDITION**
The person identified has a living will declaration on file in accordance with Montana law and has been certified as having a terminal illness.

Printed name of representative of licensed hospice program or physician _____
Signature _____ Date _____

AND/OR

☐ **DO NOT RESUSCITATE (DNR) ORDER**
My signature below constitutes and confirms a formal order to Emergency Medical Services personnel to follow the COMFORT ONE protocol. I affirm that this order is written in accordance with accepted medical and ethical guidelines.

Printed name of physician _____
Physician signature _____ Date _____

INFORMATION TO PATIENT

This form certifies you as a COMFORT ONE patient under Montana law. If this form, wallet card or COMFORT ONE bracelet is presented to pre-hospital emergency response personnel, they are required to provide the care described on the reverse side. Emergency medical care will be directed at preventing avoidable suffering and providing supportive comfort measures. It is understood that as a COMFORT ONE patient you will be allowed to die in the natural course of your illness.

REVOCATION

The COMFORT ONE status of the patient may be revoked, by the patient identified at any time.

If emergency medical services personnel do not see this form, the wallet card or the COMFORT ONE bracelet, they will attempt to resuscitate the patient in accordance with their standard procedures.

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Montana POLST Program

Montana's POLST: it's called "Montana Provider Orders for Life-Sustaining Treatment". The Board of Medical Examiners has developed a protocol and form for medical providers to utilize to assure patients receive the care they wish. The form is intended to be completed in consultation with the patient (*or family if the patient is unable to speak for themselves*) and be respected and followed by every health care professional the patient encounters. The POLST form clearly identifies the wishes of the patient for resuscitation and level of comfort care requested.

The **FORMS**, **PROTOCOL** and **EDUCATIONAL** materials (*for the public and medical professionals*) are available on a dedicated web site and it can be accessed by going to: **polst.mt.gov**

Understanding the FORM

Resuscitation Section

Comfort Measures

Other Directives To Consider

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY

Montana Provider Orders For Life-Sustaining Treatment (POLST)

THIS FORM MUST BE SIGNED BY A PHYSICIAN, PA or APRN IN SECTION E TO BE VALID

If any section is NOT COMPLETE:

Provide the most treatment included in that section

EMS: If questions/concerns, contact Medical Control.

Section A
Select only one box

Cardiopulmonary Resuscitation: If patient does not have a pulse and/or is not breathing:

☐ **Resuscitate** (Full Code) ☐ **Do Not Resuscitate** (No Code)
(Allow Natural Death)(Comfort One)
Patient does not want any heroic or Life-saving measures.

If patient is not in cardiopulmonary arrest, follow orders found in section B and C

Section B
Select only one box

Medical Interventions: If patient has a pulse and/or is breathing:

☐ **Comfort Measures:** Please treat patient with dignity and respect. Reasonable measures are to be made to offer food and fluids by mouth and attention must be paid to hygiene. Medication, positioning, wound care, and other measures shall be used to relieve pain and discomfort. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. **EMS:** Patient prefers no transfer to hospital for life-sustaining treatment. Transfer if comfort needs cannot be met in current location.

☐ **Limited Additional Interventions:** In addition to the care described above, cardiac monitoring and oral/IV medications may be provided. **EMS:** Transfer to hospital if indicated, do not perform intubation or advanced airway interventions. **Hospital:** Do not admit to Intensive Care.

☐ **Full Treatment:** In addition to the care described above, endotracheal intubation, advanced airway interventions, mechanical ventilation, defibrillation and cardioversion may be provided. **Hospital:** Admit to Intensive Care if indicated.

Other Instructions:

Section C
May select more than one

Artificial Fluids and Nutrition:

☐ Feeding tube ☐ No Feeding tube
☐ IV fluid ☐ No IV fluid

Antibiotics and Blood Products:

☐ Antibiotics ☐ No Antibiotics
☐ Blood Products ☐ No Blood Products

Other Instructions:

Section D

Advance Directives: The following documents also exist:

☐ Living Will ☐ Other _____

Section E

Patient or Surrogate Signature: _____ **Date:** _____
(by signing the POLST, I agree that this POLST supersedes my living will, if the two conflict)

Print Patient or Surrogate (person with authority under 50-9-106, MCA)

Name: _____ Relationship: _____

Physician/APRN/PA (in consultation with supervising physician) Signature: _____ **Date:** _____

Print Physician/APRN/PA Name : _____ **MT License Number:** _____

Contact Phone Number: _____ **Discussed with:** ☐ Patient ☐ Spouse ☐ Other _____

The basis for these orders is: ☐ Patient's request ☐ Patient's known preference _____

FORM SHALL ACCOMPANY PATIENT WHENEVER TRANSFERRED OR DISCHARGED
Use of original form is strongly encouraged. Photocopy, fax or electronic copies of signed POLST forms are legal and valid

Patient's Name

Authorization

Understanding the Protocol

POLST/DNR Protocol:

The POLST Form and Protocol helps assure that patient wishes to have or limit specific medical treatments are respected near the end of life by all providers.

General Orders for Issuing:

Before issuing POLST, Montana licensed Physicians/APRNs/PAs should always consider:

- diagnoses and consultation with patient (if unable to consult with patient consider known history and medical records), and
- determine if the patient has advance directives or living will, and
- consult with family to determine if the patient expressed his/her wishes, and
- determine the patient is in a terminal condition, and
- consult the "end of life registry" at www.endoflife.mt.gov, and
- explain to the patient (or family) to make the completed POLST form clearly visible to medical providers.

In addition:

- Print (form must be readable)
- To be valid the form must have a valid physician, APRN or PA signature.

The medical provider should review the POLST form in all of the following instances:

- each time a patient is admitted to a facility, and
- any time there is a substantial change in the patient's health status, and
- any time the patient's treatment preferences change.

Out-of-Hospital Protocol when presented with POLST Documentation:

- POLST documentation, if presented to the out-of-hospital provider, **MUST** be followed.
- POLST Documentation **MUST** accompany the patient and be presented to other health care providers who subsequently attend the patient.
- The out-of-hospital patient care documentation must include the POLST documentation and care provided based on the POLST documentation.
- Never delay patient care to determine if the patient has POLST documentation. COMFORT One bracelet identifies a patient who has a POLST document and a DNR (section A).
- A verbal DNR order from a physician must be honored.
- A POLST document can be disregarded if the patient requests or if the terminal condition no longer exists.

If there is a question regarding POLST, contact Medical Control.

Health care provider responsibilities when presented with POLST Documentation:

- If POLST documentation accompanies the patient, all health care providers **must** honor the patient's wishes.
- The POLST documentation expresses the patient's treatment wishes in advance of a medical emergency.
- A valid POLST documentation is a Montana standardized form that has a valid physician, APRN or PA signature.
- The form presented may be a photocopy, fax or electronic copy but must have a valid signature.
- The POLST documentation must accompany the patient if care is transferred to another provider or facility.
- A POLST document can be disregarded if the patient or surrogate (who signed the form) requests or if the terminal condition no longer exists, or if there is a direct order from a physician or APRN or PA.

Considerations for Issuing

Special Issues to consider

When to review Or modify POLST documentation

Provider Considerations

IMPORTANT THINGS TO REMEMBER!

- The POLST Form and Protocol helps **assure that patient wishes** to have or limit specific medical treatments are respected near the end of life by all providers.
- **Please Print** (form must be readable to be valid)
- To be valid the form must have a valid physician, APRN or PA **signature**
- The Provider when issuing, **you should always consider:**
 - *diagnoses and consultation with patient, and*
 - *determine if the patient has advance directives or living will, and*
 - *consult with family to determine if the patient expressed his/her wishes, and*
 - *determine the patient is in a terminal condition, and*
 - *consult the “end of life registry” at www.endoflife.mt.gov, and of course,*
 - *explain to the patient (or family) to make the completed POLST form clearly visible to medical providers.*
- The Provider **should review** the issued POLST when:
 - *each time a patient is admitted to a facility, and*
 - *any time there is a substantial change in the patient's health status, and*
 - *any time the patient's treatment preferences change.*

FAQ's

Does the POLST form need to be signed?

Yes. A provider (physician, nurse practitioner, or physician assistant) must sign the form in order for it to be a valid order that is understood and followed by other health care professionals.

If the patient has a POLST form do they need an advanced directive also?

If they have a signed **POLST** form, it is recommended that they also have an advanced directive, though it is not required.

In what setting is the POLST form used?

The completed **POLST** form is a provider order form that will remain with the patient if they are transported by an ambulance, transported between care settings, regardless of whether they are in the hospital, at home or in a long-term care facility.

Where should the POLST form be kept?

If the patient lives at home you should suggest they keep the original POLST form in a prominent location (e.g., on the front of the refrigerator, on the back of the bedroom door, on a bedside table, or in their medicine cabinet). If they reside in a long-term facility, the POLST form should be kept in the patient's medical chart along with all other medical orders.

If the patient has "Comfort One", do I need to get them a POLST?

No, Comfort One is still honored by EMT personnel and their wishes will still be followed by the EMT personnel. However, if they want their wishes expanded beyond withholding life sustaining treatment or wish medical facilities and other medical providers to honor their wishes, you should discuss and issue them a POLST form.



Instructor note:

Add specific information related to your
proposed audience !

REMOVE THIS SLIDE IF NOT NEEDED!

QUESTIONS??

